

FNHDA Annual Confirmation Letter

First Nations Health Directors Association

c/o First Nations Health Authority
501-100 Park Royal South
West Vancouver, BC V7C 1A2

Dear First Nations Health Directors Association,

I am writing to verify that *(applicant's name)* _____ is currently employed as the Health *(Director/Manager/Lead/Other)* _____. They are responsible for the day to day management, administration and delivery of health programs and services for *(name of First Nations entity)* _____.

They have been working as the the Health Director as of *(date)* _____.

If you have any further question that I can answer, don't hesitate to contact me at _____.

Regards,

Signature

Print Name

Title